





## Exhibit 111

Plaintiffs' Corrected Averment of Jurisdictional Facts and Evidence  
and/or Statement of Facts as to Defendant Al Rajhi Bank  
Pursuant to Rule 56.1

          <b>AL RAJHI BANKING &amp; INVESTMENT CORP.</b>	<p>Account No. 4/ 50</p>     <p>Customer's Name: <b>Wael Hamzah</b></p> <p><i>[Truncated Text]</i></p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

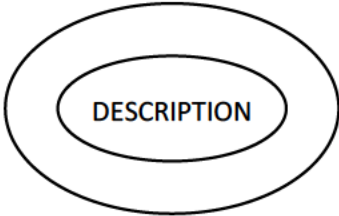

CONFIDENTIAL: This document is subject to a Protective Order regarding confidential information in 03 MDL 1570 (GBD) (SN), United States District Court for the Southern District of New York

ARB-00001217

<p>KINGDOM OF SAUDI ARABIA</p> <p>MINISTRY OF INTERIOR</p> <p>PASSPORT</p> <p>IN THE NAME OF HIS MAJESTY THE KING, I REQUEST AND REQUIRE ALL THOSE WHOM IT MAY CONCERN TO ALLOW THE BEARER TO PASS FREELY WITHOUT LET OR HINDRANCE AND TO AFFORD THE BEARER SUCH ASSISTANCE AND PROTECTION AS MAY BE NECESSARY.</p> <p>DIRECTOR OF PASSPORTS IN: Medina OR CONSUL GENERAL</p> <p><i>[Handwritten Signature]</i></p> <p><i>[Illegible Handwriting]</i></p> <p>9119</p>	<p>1</p> <p>Personal Photos</p> <table border="1"><tr><td data-bbox="823 262 1117 441"></td><td data-bbox="1123 262 1412 441">Photo of Escorts</td></tr></table> <p>[SEAL: <i>Passports General Directorate – Media Passports Division</i>]</p> <p>SIGNATURE OF BEARER: <i>[Handwritten Signature]</i></p> <p>NAME OF PASSPORT HOLDER: Wael Hamzah Abd al Fatah Jelaidan</p> <p>No. [REDACTED]</p> <p>Issued in the city of: [REDACTED]</p> <p>Dated: [REDACTED]</p> <p>THIS PASSPORT CONTAINS 60 PAGES</p>		Photo of Escorts
	Photo of Escorts		

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ARB-00001218

2	3
<p>Profession:</p> <p>Place of Birth:</p> <p>Date of Birth:</p> <p>Permanent Domicile:</p> <div data-bbox="331 527 667 741"><p>DESCRIPTION</p></div> <p>Height: ■■■</p> <p>Color of Eyes: ■■■</p> <p>Color of Hair: ■■■</p> <p>Special Peculiarities: ■■■</p> <p>THE VALIDITY OF THIS PASSPORT EXPIRES</p> <p>On: June 17, 1989 AD</p>	<div data-bbox="821 260 1414 835"></div> <p>THE VALIDITY OF THIS PASSPORT EXPIRES</p> <p>On: 18/09/1409 AH</p>

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ARB-00001219

6	7				
<p style="text-align: center;"><b>DOCUMENTS UPON WHICH THIS PASSPORT WAS ISSUED</b></p> <p>This passport was issued by the Travel Office Based on the order issued by: ---- No. ---- Dated: ----</p> <p style="text-align: center;">After reviewing one of two documents</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> <p>1. Previous passport No. [REDACTED] Dated: ---- Recorded: ----</p> </td> <td style="width: 70%; background-color: black;"></td> </tr> <tr> <td style="padding: 5px;"> <p>1. Family ID Card No. ---- Dated: ---- Recorded: ----</p> </td> <td></td> </tr> </table>	<p>1. Previous passport No. [REDACTED] Dated: ---- Recorded: ----</p>		<p>1. Family ID Card No. ---- Dated: ---- Recorded: ----</p>		<p style="text-align: center;"><b>THIS PASSPORT IS VALID FOR ALL COUNTRIES EXCEPT</b></p> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div> <div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 15px; margin-bottom: 5px;"></div>
<p>1. Previous passport No. [REDACTED] Dated: ---- Recorded: ----</p>					
<p>1. Family ID Card No. ---- Dated: ---- Recorded: ----</p>					

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ARB-00001220

AL RAJHI EXCHANGE & TRADE CORP.  
General Partnership  
Head Office – Riyadh  
Kingdom of Saudi Arabia  
P.O. Box 28  
Branch: Al Malaz

[SEAL: *Al Malaz –  
Riyadh – 126*]  
  
[*Handwritten  
Signature*]



In the name of Allah, the  
Gracious, the Merciful  
[Logo: AL RAJHI EXCHANGE &  
TRADE CORP.]

**ACCOUNT OPENING APPLICATION**

Date: 05/05/1406 AH

Corresponding to: January 15, 1986 AD

Manager of the AL RAJHI EXCHANGE & TRADE CORP.  
Branch: Al Malaz

Full Name: <b>Wael Hamzah Abd al Fatah Jelaidan</b>	Account No. [REDACTED] 50
Address: [REDACTED]	Signature Forms:
Occupation: [REDACTED]	1 
Commercial Registration: [REDACTED]	2 
Nationality, Residence, or Passport No. [REDACTED]	

Commercial Registration 96  
Form A. H. G.

Please open an account in our name with you according to the details shown above. For processing our transactions related to this account, we acknowledge and certify that if you do not receive approval from us to the monthly bank statement sent to us within fifteen days from date of sending, you may consider this account to be finally approved by us.

If you accept our bank statement with you, we authorize you to do so without referring to us. We also authorize you to carry over any balance for us at any of your branches as deposit and payment for what we are owed to pay without referring to us. You may stop the transactions of any account opened in our name at any time, and to ask us to pay for the remaining balance we are owed to pay along with due banking fees. We fully acknowledge to you to pay what we are owed to pay despite our deposit with you.

The company books shall be certified by us and pending to us. We may not challenge or object to them. We acknowledge to keep the checkbooks. In case they are lost or stolen, we are obliged to inform the company with their numbers. We shall bear all amounts paid from the account for this reason. We hold the company harmless in case any amounts are spent from the account as result of professional forgery of our signatures.

Identifier: ----

Signature: [*Handwritten Signature*]

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United States District Court for the Southern District of New York

ARB-00001221

In the name of Allah, the Gracious, the Merciful

AL RAJHI EXCHANGE &  
TRADE CORP.  
General Partnership  
Head Office – Riyadh  
Kingdom of Saudi Arabia  
Branch: ----

**INTERNAL POWER OF ATTORNEY**

[SEAL: Al Malaz – Riyadh – 126]

[Logo: AL RAJHI EXCHANGE &  
TRADE CORP.]

I, **Wael Hamzah Jelaidan**, hereby authorize Mr. **Talal Abdul Majeed Khashoggi** – under this Power of Attorney – in depositing, withdrawing, and transferring from and to our current account with you, No. [Handwriting: █████ 50], whether in debit or credit. The said Agent may accept and endorse all other checks in our name and on our behalf; send you any instructions related to our account with you; borrow from you or get any other banking facilitations from you related to our account with you for any amount whether in return for deposit or not according to the terms and conditions that you deem appropriate; and deposit to you any type of deposit to guarantee payment of debts and obligations. The said Agent may withdraw any deposits or other funds that may be deposited in our name with you, or that are in our name with you. The said Agent may request you to sell or buy foreign currencies in cash or by checks and may represent us and act on our behalf in everything relating to our funds and dealings with you. This is a final Power of Attorney and authorization regarding everything stated above.

Kindest regards.

Agent's Signature

**Talal Abdul Majeed Khashoggi**

[Handwritten Signature]

Agent's Name

**Talal Abdul Majeed Saleh Khashoggi**

Family ID Card No. or Passport No. █████ Family ID Card No. █████

Address: █████

[SEAL: Signature Matching]

Principal's Signature

**Wael Hamzah Jelaidan**

[Handwritten Signature]

[Handwriting: Armed Forces Medical Services – Programs Administration]

[Illegible Handwriting]

05/05/1406 AH (January 15, 1986 AD)

Approval of Branch Manager

[Handwritten Signature]

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ARB-00001222

AL RAJHI BANKING &amp; INVESTMENT CORP.

Branch: Al Malaz 126 Riyadh

Account No. [REDACTED] 50

**CUSTOMER'S ID DATA**

If the customer is an individual enterprise, his name is written based on the commercial registration and the name of the enterprise's owner is written in full based on the Family ID Card or the personal ID Card				If the customer is a company, the following data shall be filled out about partners. (In the case of a joint stock company, the names of the president, the vice president, the managing director, and the person with the power to borrow shall be written).				
<b>Customer's Full Name:</b> <b>Wael Hamzah Abd al Fatah Jelaidan</b>				<b>Names of Partners</b>	<b>Family ID Card No.</b>	<b>Place of Issue</b>	<b>Shareholding Percentage</b>	<b>Shareholding Type and Limits</b>
<b>Full Name of Enterprise's Owner: ----</b>				1.				
<b>Office Address: ----</b>				2.				
<b>Business Type: ----</b>				3.				
<b>Legal Status</b>	<b>Commercial Registration</b>	<b>Date of Incorporation</b>	<b>Capital</b>	4.				
				5.				
				6.				
				7.				
				8.				
				9.				
				10.				
				11.				
				12.				
<b>Nationality</b>	<b>Family ID Card No./ Residence No.</b>	<b>Date of Issue</b>	<b>Place of Issue</b>					
Saudi	[REDACTED]	[REDACTED]	[REDACTED]					
<b>Date of starting to deal with the branch:</b> <b>05/05/1406 AH (January 15, 1986 AD)</b>				<b>Data of sponsor or Saudi shareholder (In the case of foreign customer)</b>				
<b>Notes:</b> It is necessary to fill out all required data because it is important to update the records at the branch. It is necessary to enclose copies of the official documents supporting the data.				<b>Name:</b>		<b>Address:</b>		
				<b>Family ID Card No.</b>		<b>Place of Issue:</b>		
				<b>Office Phone:</b>		<b>Address:</b> Saudi Red Crescent Authority, Employee		
				<b>Home Phone:</b>		<b>P.O. Box</b>		
						<b>Zip Code:</b>		

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ARB-00001223



AL RAJHI BANKING & INVESTMENT CORP.  
General Administration, Riyadh  
Internal Auditing Division



Date: April 27, 2002 AD

Manager of the Al Malaz Branch  
May the peace, mercy, and blessings of Allah be upon you.

Given that there are cases that require reviewing the copies of some work documents related to your branch, we hope you would cooperate and quickly send copies of the following documents to Fax No. 4601000, Ext. No. ---, or No. [REDACTED]

☐ A clear copy of the following documents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☒ Full documents of opening the current account below:  
4/[REDACTED] 50 Wael Hamzah Abd al Fatah Jelaidan

[Handwriting: 5364]  
[Handwritten Signature]

Thank you in advance for your good cooperation.  
Kindest regards.

Ali Mubarak al Safian  
Director of the Internal Audit Department  
[Handwritten Signature]



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ARB-00001224

<p>KINGDOM OF SAUDI ARABIA IDENTIFICATION CARD</p> <p>Kingdom of Saudi Arabia Ministry of Interior Civil Status ID Card for Citizens</p> <p>If found, please return it to the nearest Civil Status office.</p>	<p>KINGDOM OF SAUDI ARABIA PRIVATE DRIVING LICENSE FULL NAME: Talal A. Khashoggi ADDRESS: OFFICE [REDACTED] HOME [REDACTED] TELEPHONE: OFFICE HOME NATIONALITY: Saudi ISSUED DATE: [REDACTED] LICENSE NO. [REDACTED] DATE: [REDACTED] [Illegible Seal] 75</p>
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ARB-00001225

<b>Talal Abdul Majeed Saleh Khashoggi</b> 1-3-6 [REDACTED] Date of Birth: [REDACTED] Place of Birth: [REDACTED] Place of Issue: [REDACTED] Date of Issue: 13/02/1382 AH (July 14, 1962 AD)	 Civil Status  <i>[Handwritten Signature]</i>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

KINGDOM OF SAUDI ARABIA	
PRIVATE DRIVING LICENSE	
No. [REDACTED] Full Name: <b>Talal Abdul Majeed Saleh Khashoggi</b>	
ADDRESS: OFFICE [REDACTED] HOME [REDACTED] TELEPHONE: OFFICE [REDACTED] HOME [REDACTED] ID: [REDACTED] NO. AND PLACE OF ISSUE: [REDACTED] LICENSE NO. [REDACTED] PLACE OF ISSUE: [REDACTED] VALID THROUGH: [REDACTED] BLOOD GROUP: [REDACTED] SIGNATURE OF LICENSE HOLDER: ----	<i>[Illegible]</i> DATE: [REDACTED] RIYADH DATE: [REDACTED] DATE: [REDACTED] LIMITS: [REDACTED] SIGNATURE OF TRAFFIC DIVISION DIRECTOR: <i>[Handwritten Signature]</i>

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ARB-00001226

رقم الحساب

اسم العميل:

الراجحي المصرف للاستثمار

جاري ريال

جاري عملة أجنبية

جاري معادن نفيسة



شركة الراجحي المصرفية للاستثمار  
AL RAJHI BANKING & INVESTMENT CORP.

1

الصَّوْرَةُ الشَّمْسِيَّة

صورة المرافق

1

المملكة العربية السعودية  
KINGDOM OF SAUDI ARABIA  
وزارة الداخلية  
MINISTRY OF INTERIOR  
جواز سفر  
PASSPORT

IN THE NAME OF HIS MAJESTY THE KING, I REQUEST AND REQUIRE ALL THOSE WHOM IT MAY CONCERN TO ALLOW THE BEARER TO PASS FREELY WITHOUT LET OR HINDRANCE AND TO AFFORD THE BEARER SUCH ASSISTANCE AND PROTECTION AS MAY BE NECESSARY.

باسم حضرة صاحب الجلالة الملك  
طلبنا الى موظفي الملك  
يتعسكرون. ومثلها في الخارج ومن  
سلطة في تعسكنا ومن  
سلطات في تعسكنا في تعسكنا  
نيسوا بحامل هذا الجواز بحرية  
ان يقد مواله المساعدة والحماية

إمضاء صاحب الجواز  
SIGNATURE OF BEARER

اسم صاحب الجواز  
Wael Hamzah Jelaidan

Name

الرقم  
37

No.

صدر بمدينة  
MEDINA

Issued at

تاريخ  
18 / 6 / 1984

Date

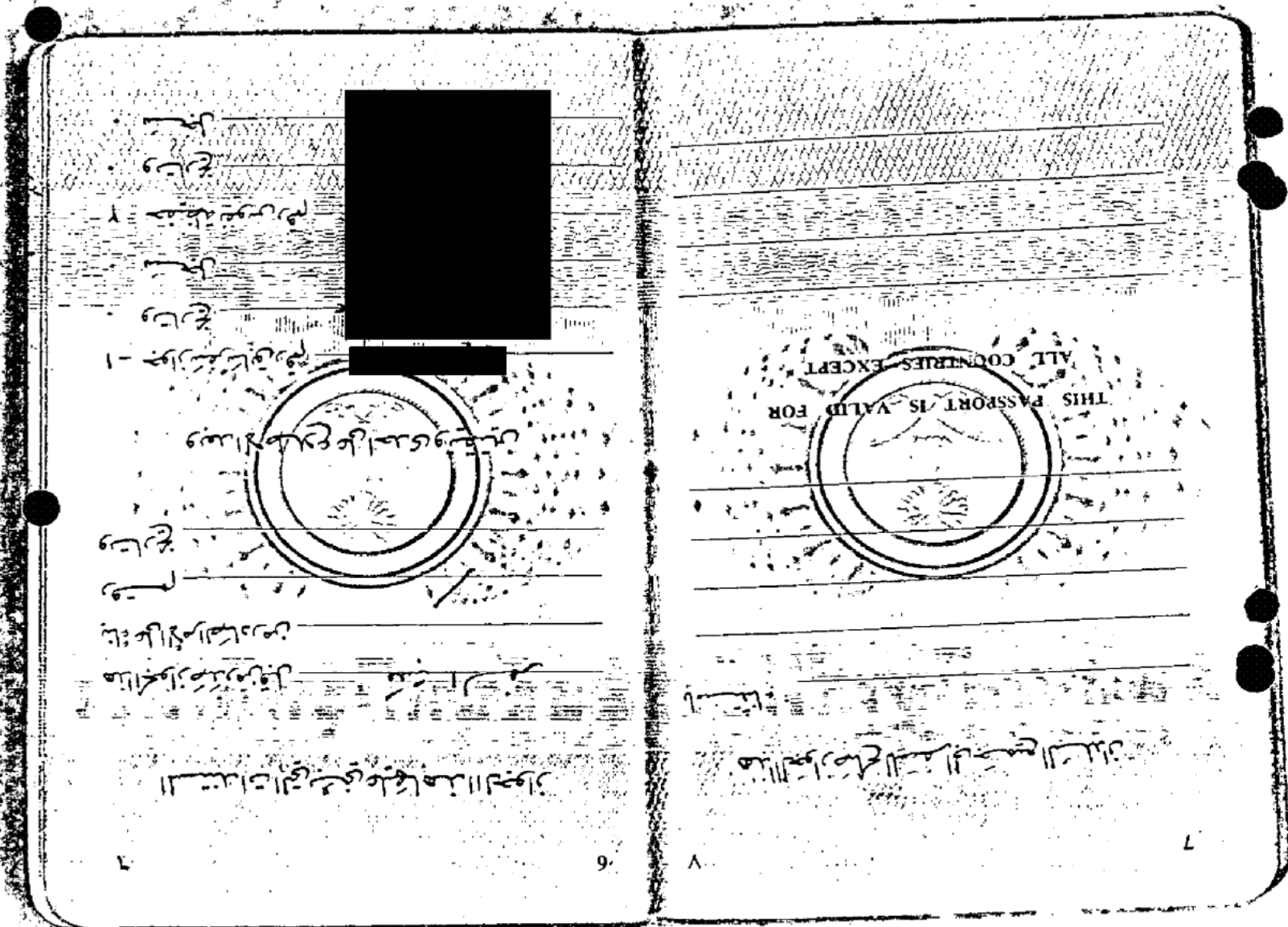
يحتل هذا الجواز على 60 صفحة  
THIS PASSPORT CONTAINS 60 PAGES

أر القنصل العام في  
CONSUL GENERAL OR DIRECTOR OF PASSPORT

9119

3	2
Profession	المهنة
Place of birth	محل الميلاد
Date of birth <u>1957</u>	تاريخ الميلاد
Domicile	محل الإقامة الدائم
DESCRIPTION	الأوصاف
Height	طول القامة
Colour of Eyes	لون العينين
Colour of Hair	لون الشعر
Special peculiarities	العلامات الميزة
THE VALIDITY OF THIS PASSPORT EXPIRES	ينتهي المصطل بهذا الجواز
ON <u>17-6-1989</u>	<u>١٧-٦-١٩٨٩</u>











شركة الراجحي المصرفية للاستثمار

فرع: الرياض ١٦٦٧

رقم الحساب: [REDACTED]

## بيانات هوية العميل

إذا كان العميل منشأه نزيدي يكتب اسمه من واقع السجل التجاري كما يكتب اسم صاحبها رباعيا على الأقل من واقع حفيظة النفوس والبطاقة				اسم العميل كاملا : <b>واسل حمزة عبد الفتاح جليان</b>			
(في حالة الشركة المساهمة تدون أسماء الرئيس ونائبه والعضو المنتدب ومن له صلاحية الاقتراض)				اسم صاحب المنشأ رباعيا : [REDACTED]			
أسماء الشركاء	رقم الحفيظة	مصدرها	نسبة المساهمة	نوع وحدود المساهمة			
١-							
٢-							
٣-							
٤-							
٥-							
٦-							
٧-							
٨-							
٩-							
١٠-							
١١-							
١٢-							
بيانات عن الكفيل أو الشريك السعودي (( في حالة العميل الاجنبي ))				الجنسية : <b>سعودي</b>			
الاسم :				رقم الحفيظة / الاصل : [REDACTED]			
العنوان :				تاريخها : [REDACTED]			
رقم الحفيظة :				مصدرها : [REDACTED]			
تاريخ بدء التعامل مع الفرع ١٤٠٦ / ٥ / ٥							

تنبيه : ضرورة استيفاء جميع البيانات المطلوبة  
 نظرا لأهميتها لتحديث السجلات بالفرع  
 ضرورة ارفاق صور المستندات الرسمية المؤيدة  
 للبيانات

هاتف عمل /  
 هاتف منزل /

جمعية الهلال الأحمر السعودي  
 العنوان / **مركز**  
 صندوق البريد /  
 الرمز البريدي /

27-APR. '02 (SAT) 10:05

AL RAJHI BANK

FAX: 4601000 1797

P. 001



خزنة الراجحي المصرفية للاستثمار  
الإدارة العامة الرياض  
إدارة المراجعة الداخلية

التاريخ: ٢٠٠٢/٤/٢٧

لمحترم

المكرم / مدير فرع الحلي

السلام عليكم ورحمة الله وبركاته ... وبعد

نقرا لوجود حالات تستدعي الاطلاع على صور بعض مستندات العمل المتفق عليها بقررتكم : تنبيه تأمل

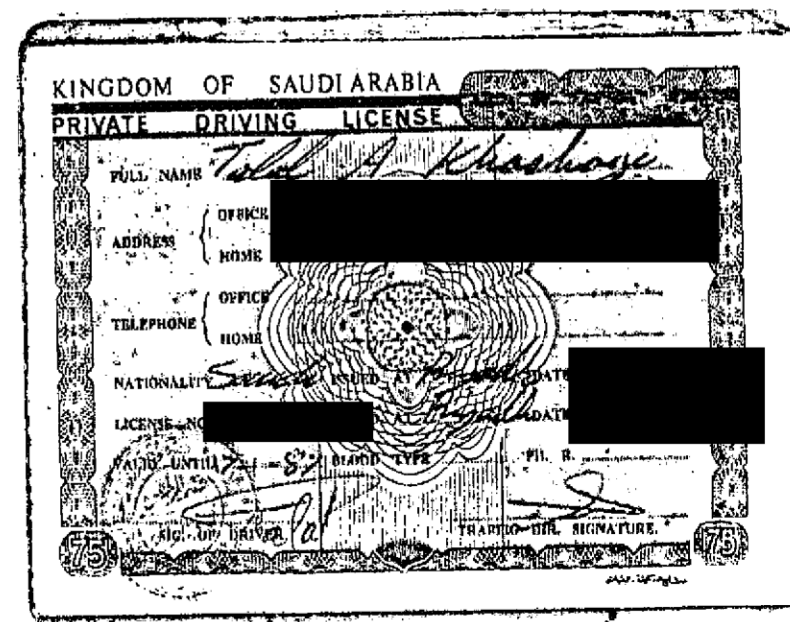
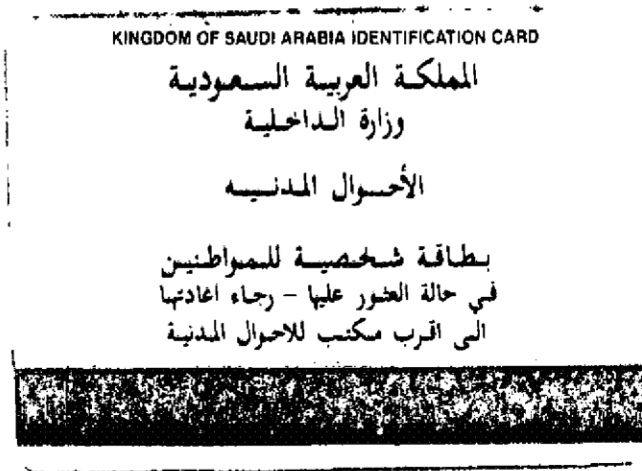
تعاونكم ومعرفة ارسال صور المستندات التالية على انفسكم رقم ٦٠١٠٠٠ تحويله رقم - أو رقم

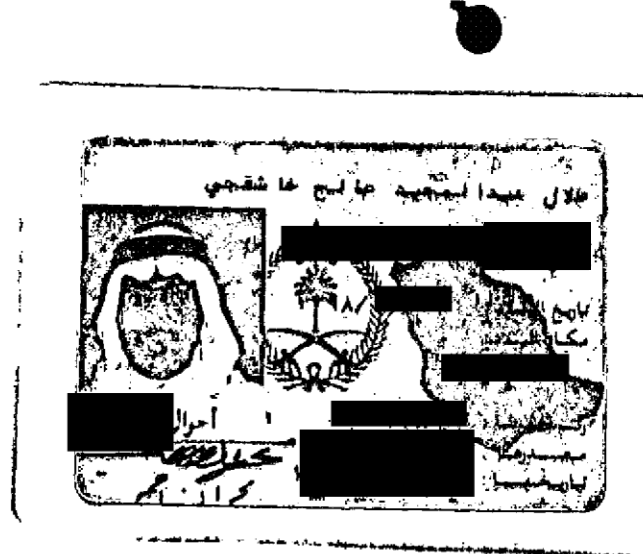
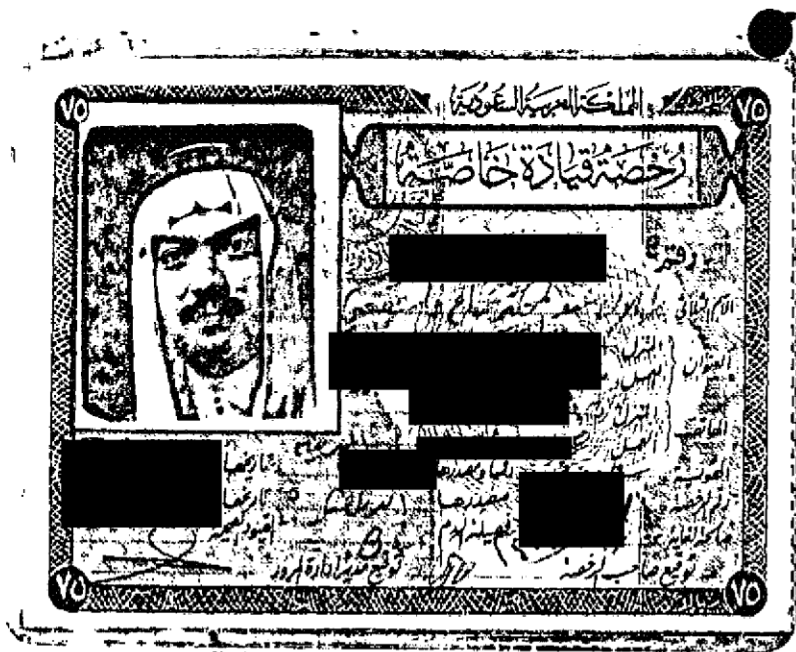
صورة واضحة من المستندات التالية ☐منشورات فتح الحساب الجاري كاملة اتمام ☒

وائل حمزة عبد (فتح) جليدات

شاكرين لكم ستا من تعاونكم  
وتقبيلوا تحية٥٢٦٢  
عليه السلامعلى جبار عبد الله  
مدير إدارة المراجعة الداخلية

A1.







## TRANSLATION CERTIFICATION STATEMENT

**Project:** 20240306Z1D

**Language:** Arabic > English

**Document title:** ARB-00001217

### TRANSLATOR STATEMENT

I hereby declare that, to the best of my knowledge and belief, the translation of the above referenced documents is a true, accurate and complete translation of the original.

**Name of Certifying Translator:** Farah Alshekhli

**Qualifications:** BA in Translation and Interpretation Studies, 17 years of experience, certified in Medical Terminology

**Signed:** *Farah Alshekhli*

**Date:** 06/03/2024